	BOARD OF HEALTH State File No
1 PLACE OF BIRTH	TTAL STATISTICS Registered No
STANDARD GER	rificate of Birth,
County	State any Mul
District or Township	or Village
11 Than the	St., Ward a hospital or institution, give its NAME instead of street and number) If child is not yet named, make
2. Full name of child	supplemental report, as directed.
Sex of Chief To be answered ONLY at Twin, triplet or of in event of plural briths. Sex of Chief To be answered ONLY at Twin, triplet or of the contract of th	of birthelpe 18 30
8. PATHER P	14. MOTHER Full meide Dauge
The marcher work	Dogwa foranca
9. Residence (Usual place) of the state of t	15. Residence (Usual place of stone follow
If non-resident, give place and state.	If non-resident, give place and state.
10. Golor or race 11. Age at last birthday Gears	16. Color or race 17. Age at last birthday (Years)
12. Birthplace (city or place) (Common)	18. Birthplace (city of places con and
(State or country) Jun	(State or country)
13. Occupation the fire (Laborer	19. Occupation House Chiff
Nature of Industry	
20. Number of children of this mother	live and now living 21. Were precautions taken against ophilive but now dead 21. The precautions taken against ophilive but now dead 21.
certified and including this child.) (c) Stillborn	1
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE m. on the date above stated. I hereby certify that I attended the birth of this child, who was (Barn alive as stillborn)	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn	tail 18 Hura hs
child is one that neither breathes nor shows other evidence of life after birth.	(Physician or midwitcf)
Given name added from a supplement! report	Januar any

Registrar.

Month, - 4/3

day,

year

Registrar.